



State of New Jersey

DEPARTMENT OF HEALTH AND SENIOR SERVICES

PO BOX 367

TRENTON, N.J. 08625-0367

JAMES E. MCGREEVEY

Governor

www.state.nj.us/health

CLIFTON R. LACY, M.D.

Commissioner

May 12, 2004

TO: Current Administrators of Health Care Facilities

FROM: Henry T. Kozek, RPh, MPA, CCP, CPM, Program Manager, Certification Program
Deborah Gottlieb, Esq., Program Manager, Office of Program Compliance

RE: Allegations of Abuse, Neglect, and Misappropriation of Resident Property Committed by
Uncertified or Certified Medication Aides, Nurse Aides, and Personal Care Assistants

An accused, (certified or uncertified) nurse aide (CNA), personal care assistant (PCA), or medication aide (CMA) is entitled to a hearing regarding the above referenced allegations. In order to afford timely, due process to an individual so accused, yet protect the vulnerable frail and/or elderly residents of licensed facilities, the Department of Health and Senior Services (DHSS) requests that you provide all of the information requested on the FRIDAY form within 15 business days of the receipt date of this form. This Department requires that the entire form be completed together with all documentation requested therein. The FRIDAY form and applicable guidelines are downloadable at <http://www.state.nj.us/health/ltc/nacert.htm>.

Sections 1 through 14 shall be completed and the required supporting documentation submitted even if the facility or government agency or other investigation process did not substantiate the allegation. Further, all information and supporting documentation shall be submitted in response to this letter regardless of whether it has already been supplied to another government agency or official.

If more than one aide has been accused in this incident, a report for each accused aide shall be completed and all of the requested information shall be attached to each form. For example, if 3 aides have been identified, please duplicate all information so that 3 separate packages are completed and submitted.

Finally, return the completed original form and legible copies of all supporting documents and keep a copy for your records. Packages shall be forwarded as follows:

Mailing Address via United States Postal Service:

Office of Program Compliance—Reporting
P. O. Box 367
Trenton, NJ 08625-0367

Overnight Couriers (DHL/Airborne, FedEx, UPS):

Office of Program Compliance—Reporting
120 South Stockton Street—Lower Level
Trenton, NJ 08611-1730

Due to the volume of ongoing cases, it is difficult to notify you of the status of a particular case. Once all information has been received and reviewed, you will be notified of the determination in writing.

Guidelines are included for your convenience and ease of reference. Please refer to this when preparing responses to the FRIDAY form.

Thank you for your anticipated cooperation in this important matter. This program cannot succeed its mission to protect the frail and/or elderly residents of our licensed health care facilities without your complete participation.

Please be aware that the Nursing Home Administrators Licensing Board is notified of all instances where an administrator fails to respond to this request. Any sanctions that may be imposed against administrators are in accordance with N.J.A.C. 8:34-1 et seq., specifically N.J.A.C. 8:34-8.4(a), and N.J.S.A. 26:2H-5b, 26:2H-27, and 26:2H-28.